| PART B - FEE(S) TRANSMITTAL | | | | | | | |
|--|--|---|--|---|-----------------------------------|---------------------------------------|--|
| Complete and send this | | | P A or <u>Fax</u> (5 | ommissioner for Pato .O. Box 1450 lexandria, Virginia 2 371)-273-2885 | ents 2313-1450 | | |
| INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed when appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address a indicated runless correspondence below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address. | | | | | | | |
| CURRENT CORRESPONDENCE ADDR | | any change of address) | Fe pa | Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission. | | | |
| 23632 7590 05/15/2007 SHELL OIL COMPANY P O BOX 2463 HOUSTON, TX 772522463 | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| | | | - | lammy Emm 8-1 | <u>Alexande</u> y <u>Alexa</u> | (Depositor's name) (Signature) (Date) | |
| APPLICATION NO. | FILING DATE | - | FIRST NAMED INVENTO | OR ATTO | RNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/766,072 01/28/2004 Willem Hupkes TS1330 (US) 2424 TITLE OF INVENTION: PROCESS OF LIQUEFYING A GASEOUS, METHANE-RICH FEED TO OBTAIN LIQUEFIED NATURAL GAS | | | | | | | |
| APPLN. TYPE SMAL | L ENTITY IS | SUE FEE DUE | PUBLICATION FEE DUI | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 08/15/2007 | |
| EXAMINER ART UNIT | | | CLASS-SUBCLASS | 98/96/2007 | CUCDAO | | |
| DOERRLER, WILLIAM CHARLES | | 3744 | 062-612000 | 907 867 E887 | | 191800 10766072 | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page (list 594 (1) the names of up to 3 registered page (list 594) or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) FIPLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | | | | |
| 4a. The following fee(s) are submit issue Fee Publication Fee (No small et Advance Order - # of Copie | Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (1) (enclose an extra copy of this form). | | | | | | |
| 5. Change in Entity Status (from a. Applicant claims SMALL | ENTITY status. See | e) 37 CFR 1.27. | ☐ b. Applicant is no lo | onger claiming SMALL EN | ΓΙΤΥ status. See 37 CFR | R 1.27(g)(2). | |
| NOTE: The Issue Fcc and Publicat interest as shown by the records of | ion Fee (if required) very the United States Pate | vill not be accepted ent and Trademark | I from anyone other than Office. | the applicant; a registered | attorney or agent; or the | assignee or other party ir | |
| Authorized Signature | Rece A. N | | ········ | | UST 1, Z | 007 | |
| Typed or printed name | REECE A | ,scott | - | Registration No | 41,297 | | |
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